INFORMATION CONCERNING APPEAL FROM CONVICTION BY MAGISTRATE

(a) <u>Notice of Appeal</u>. An appeal from a judgment of conviction by a magistrate to a district judge must be taken within ten (10) days after entry of the judgment. An appeal shall be taken by filing with the Clerk, United States District Court, Albert V. Bryan U.S. Courthouse, 401 Courthouse Square, Alexandria, Virginia, 22314, stating that the defendant appeals from the judgment and the reasons for the appeal. The filing fee is $32.00.

(b) <u>Rule of Execution; Release Pending Appeal</u>. The provisions of Rule 38(a) of the Federal Rules of Criminal Procedure relating to a stay of execution shall be applicable to a judgment of conviction entered by a magistrate. The defendant may be released pending appeal by a magistrate or a district judge in accordance with the provisions of law relating to release pending appeal from any other conviction of a district court.

(c) <u>Scope of Appeal</u>. The defendant shall <u>not</u> be entitled to a trial <u>de</u> <u>novo</u> by a district judge. The scope of appeal shall be the same as on a criminal appeal from a judgment of a district court to a court of appeals.

(d) <u>Indigent Defendant</u>. If the defendant is unable to pay the cost of an appeal, he may apply for leave to appeal <u>in</u> <u>forma</u> <u>pauperis</u>.

Clerk
United States District Court
Albert V. Bryan U.S. Courthouse
401 Courthouse Square
Alexandria, Virginia 22314

NOTE: Sentence not stayed by noting appeal
                Defendant must pay fine at time of sentence.

IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA
Alexandria Division

UNITED STATES OF AMERICA,　　　)
　　　　　　　　　　　　　　　　)
　　　　　　Plaintiff,　　　　　　)
　　　　　　　　　　　　　　　　)
v.　　　　　　　　　　　　　　　)　　DOCKET NO: _____
　　　　　　　　　　　　　　　　)
_____　)
　　　　　　　　　　　　　　　　)
　　　　　　Defendant.　　　　　　)

NOTICE OF APPEAL

Pursuant to Rule 58(g) of the Rules of Criminal Procedure, Defendant appeals the
_____ decision, order, judgment, or sentence of the magistrate judge.
　　　(Date)

The reasons for appeal are as follows:

_____

_____

_____

_____

(Attach additional page if necessary)

_____
Signature

_____
Print Name

_____
Address

_____
City, State, Zip Code

Date: _____
Alexandria, Virginia